



APPLICATION for ADULT ENTERTAINMENT LICENSE
(New or Transferred License)

DATE: _____

I. **THIS APPLICATION IS FOR:** (Check Only One)

- A. ☐ A new license, or
B. ☐ **Transfer** of an **existing license** to the Applicant from the current Licensee:
Name: _____ License # _____.

II. **CLASSIFICATION OF LICENSE BEING APPLIED FOR:** This application is for a license in the
single classification of: (Check Only One)

- A. ☐ Adult Bookstore
B. ☐ Adult Theater
C. ☐ Adult Performance Establishment
D. ☐ Escort Service (or)
E. ☐ Physical Contact Parlor

III. **APPLICANT:**

A. **This Application is for a License to be issued to:** (check only one)

1. ☐ An Individual Person
2. ☐ A Partnership
3. ☐ A Corporation

B. Full Legal **Name** of applicant: _____

C. Mailing **Address** of Applicant: _____

IV. **ESTABLISHMENT INFORMATION:**

A. **Name of the Proposed Establishment:** _____

B. Is the Name of the Proposed Establishment a "Fictitious Name" under Section 865.09, Florida
Statutes? ☐ YES ☐ NO

C. If "Yes," state the County of Registration: _____

D. Street Address and Legal Description of the Proposed Establishment: _____

V. **REQUIRED INFORMATION:**

A. Complete the following regarding the **Person making this application** as an individual, or on behalf of a Partnership or Corporation:

1. Full legal name: _____
2. All aliases: _____
3. Date of birth: _____
4. Sex: _____
5. Residential address: _____
6. Residential telephone: _____
7. Business address: _____
8. Business telephone numbers: _____
9. Driver's License number or Identification Card number: _____
10. Social Security Number: _____
11. Employer's identification , if applicable: _____

B. **If the Applicant is a Partnership, complete the following:**

1. Full legal **name** of Partnership: _____
2. For each **partner** involved in the daily operations of the establishment: Full legal name, residential address, and residential telephone number (attach additional sheets if necessary).

3. **Date** that the Partnership was formed: _____
4. **Type** of Partnership (e.g., General or Limited Partnership):

5. Name, residential address, and residential telephone number of a **person in Florida authorized to accept service** of process: _____

C. If the Applicant is a **Corporation**, Complete the Following:

1. Full legal **name** of Corporation: _____
2. **Date** of incorporation: _____
3. **State** of incorporation: _____
4. For each **officer and director**: Full legal name and capacity: _____

5. The name of the corporation's **Registered Agent**, as well as the address and telephone number of the **Registered Office**: _____

6. The title or capacity of the **person who makes the application** on behalf of the corporation (this person must be an officer or director): _____

VI. **GENERAL INFORMATION:**

- A. Does the applicant **own the real property** upon which the proposed establishment is to be located?
 YES ____ NO ____
- B. If "No," state the full name, mailing address, and telephone number(s) of the **owner(s) of the property**:

- C. If "No," describe the exact nature of the **applicant's interest** in the real property (e.g., lessee):

- D. Does the applicant presently own or operate any **other adult entertainment establishment** licensed under *Lake County Adult Entertainment Code*?
 YES ____ NO ____
- E. If "Yes," identify the other adult entertainment establishment(s), by stating for each: the address of the other adult entertainment establishment(s), the classification of each of the other adult entertainment establishment license(s), and the corresponding license number(s):

- F. Has the applicant or any partner, officer, or director of the applicant been convicted within the last five (5) years of a felony or **specified criminal act**, as defined by the *Lake County Adult Entertainment Code*?
 YES ____ NO ____
- G. If "Yes," **state for each conviction**: the specified criminal act, the date of conviction, and the place (e.g., state, county, or city) of conviction:

- H. Has the applicant or any partner, officer, or director of the applicant had a license under the Adult Entertainment Code **denied, suspended or revoked**?

YES ____ NO ____

- I. If "Yes," list the **date** of each denial, suspension and/or revocation, and the license(s) for which each such denial, suspension or revocation applied: _____

- J. Provide, for each **person who has the right or authority to manage or control the day-to-day operation** of the establishment, the name, mailing address, residential address, business address, residential telephone number, and business telephone number. If any part of this answer is a corporation, provide the specified information for the officers and directors of the corporation: _____

VII. **ATTACHMENTS:**

- A. Attach to this application a **current site plan**, drawn to appropriate scale, of the proposed establishment, including, but not limited to, the following:
1. all **current** property lines, rights-of-way, and the location of buildings, parking areas and spaces, curb cuts, and driveways and distances from surrounding property/uses;
 2. all **current** windows, doors, entrances and exits, fixed structural features, walls, stages, partitions, projection booths, admission booths, concession booths, stands, counters, similar structures; and
 3. all **proposed** improvements or enlargements to be made, which shall be indicated and calculated in terms of percentage of increase in floor size.
- B. Attach a recent **photograph** of the person making this application.
- C. Attach a photocopy of either the **driver's license** or state or federally issued **identification card** for the person making this application.
- D. If the application is for a corporation, attach a photocopy of the **articles of incorporation** and **by-laws of the corporation** or, if the application is for a partnership, attach a photocopy of the **partnership agreement**. Attached ? _____
- E. If the application is for a transfer of a license, attach a notarized **affidavit** by the current licensee evidencing **consent** to the transfer and any applicable **contract** or **bill of sale**. Attached ? _____
- F. If the applicant is not the owner of the property, attach a **notarized affidavit of the property owner** evidencing **consent and approval to the application** for an adult entertainment license and a **copy of the lease or rental agreement along with any related documentation**. Attached ? _____

AUTHORIZATION and CERTIFICATION:

I hereby authorize the *Building Department, Health Department, Fire and Rescue Services Division, Sheriff's Office, Zoning Department, and Tax Collector* to obtain all data and information needed to examine and review this application and the proposed establishment. I hereby authorize each of the above-referenced departments to conduct an inspection or inspections of the proposed location of the proposed establishment.

I hereby swear under penalty of perjury that I am authorized by the named applicant to make this application and that the foregoing statements are true and correct. I understand that, in the event a license is granted based upon false information, misrepresentation of fact, or mistake of fact, the Lake County Code provides that the license shall be revoked.

Signature of Applicant

Capacity: _____

Print name: _____

County of _____,
State of Florida

SWORN to and SUBSCRIBED by the person named above who took an oath and is (1) personally known to me, or (2) produced _____ as identification before me this _____ day of _____, 20____.

NOTARY PUBLIC, State of Florida

***** THIS PAGE FOR STAFF USE ONLY *****

License must be granted or denied within 30 days.

Notification of grant or denial must be sent to applicant within 7 days.

Notifications must be sent by certified mail, return receipt requested.

I. Date application received in Tax Collector's Office: _____ Name: _____

II. Date application forwarded to departments for review: _____ Name: _____

A. Building Department: Date Responded: _____ Name: _____

B. Zoning Department: Date Responded: _____ Name: _____

C. Health Department: Date Responded: _____ Name: _____

D. Fire and Rescue: Date Responded: _____ Name: _____

E. Sheriff's Office: Date Responded: _____ Name: _____

III. **Granted licenses:**

A. Date license was issued: _____ License No.: _____

B. Classification of license: _____

C. Name of Licensee: _____

D. Date of notification to applicant of license being granted: _____

E. Name of official issuing license and notice: _____

IV. **Denied licenses:**

A. Date license was denied: _____

B. Date of notification to applicant of license being denied: _____

C. Name of official sending notice of license being denied: _____